

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

10/030504

FILING DATE

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2	/					
3	/					
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

  

	5-8-04	
	IND.	DEP.
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100		
TOTAL IND.	3	
TOTAL DEP.	25	
TOTAL CLAIMS	28	